

Commonwealth of Kentucky
Personnel Cabinet

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

July 2014

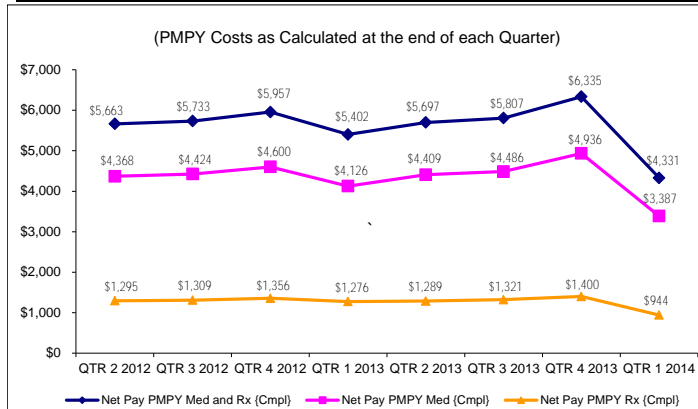
DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

Enrollment

Fact	Mar 2013 - Feb 2014	Mar 2012 - Feb 2013	% Change
Employees Avg Med	153,221	156,313	-1.98%
Members Avg Med	266,749	269,880	-1.16%
Family Size Avg	1.7	1.7	0.83%
Member Age Avg	37.1	37.4	-0.77%

Net Incurred Claims Cost per Member

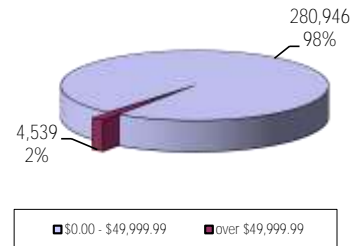


Allowed Claims Costs PMPY with Norms

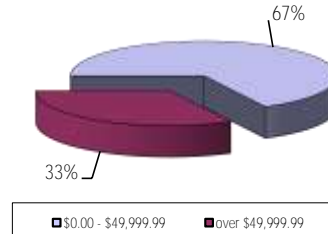
	Mar 2012 - Feb 2013	Mar 2013 - Feb 2014	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,998.05	\$5,041.83	1%	\$4,086.82	18.94%
Allow Amt PMPY IP Acute {Cmpl}	\$1,409.47	\$1,418.64	1%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,566.82	\$3,599.95	1%	\$2,819.75	21.67%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,961.24	\$2,007.31	2%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$968.28	\$945.49	-2%	\$0.00	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$342.63	\$341.08	0%	\$0.00	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$541.13	\$538.28	-1%	\$0.00	N/A
Out of Pocket PMPY Med {Cmpl}	\$524.19	\$610.31	16%	\$528.54	13.40%
Allow Amt PMPY Rx {Cmpl}	\$1,575.79	\$1,545.48	-2%	\$1,017.79	34.14%
Out of Pocket PMPY Rx {Cmpl}	\$264.17	\$278.67	5%	\$0.00	N/A

High Cost Claimants Mar 13—Feb 14

% of High Cost Patients



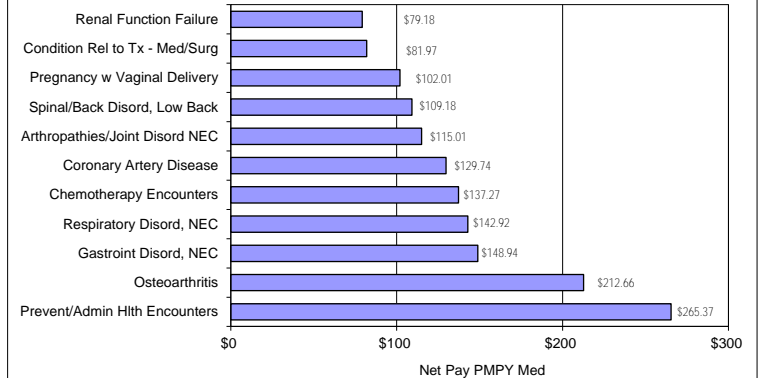
% of Total Net Payments (Med and Rx)



Prescription Drug Programs

	Fact	Mar 2012 - Feb 2013	Mar 2013 - Feb 2014	% Change
Mail Order	Discount Off AWP % Rx	48.71%	54.21%	11.28%
	Scripts Generic Efficiency Rx	92.79%	93.97%	1.28%
Retail	Discount Off AWP % Rx	47.71%	49.17%	3.06%
	Scripts Generic Efficiency Rx	93.69%	94.55%	0.91%
Total	Discount Off AWP % Rx	47.94%	50.35%	5.03%
	Scripts Generic Efficiency Rx	93.61%	94.49%	0.94%
	Scripts Maint Rx % Mail Order	12.44%	13.05%	4.87%

Top 10 Clinical Conditions



Cost Drivers Support

Fact	Mar 2012 - Feb 2013	Mar 2013 - Feb 2014	% Change
Allow Amt Per Day Adm Acute	\$4,290.82	\$4,592.71	7.04%
Days Per 1000 Adm Acute	322.79	301.33	-6.65%
Allow Amt Per Visit OP Fac Med	\$1,038.70	\$1,080.48	4.02%
Visits Per 1000 OP Fac Med	1,888.17	1,850.36	-2.00%
Allow Amt Per Visit Office Med	\$116.61	\$117.82	1.04%
Visits Per 1000 Office Med	8,303.80	7,990.93	-3.77%
Allow Amt Per Day Supply Rx	\$2.70	\$2.71	0.20%
Days Supply PMPY Rx	582.77	570.30	-2.14%

Cost Drivers—Utilization and Price Trends

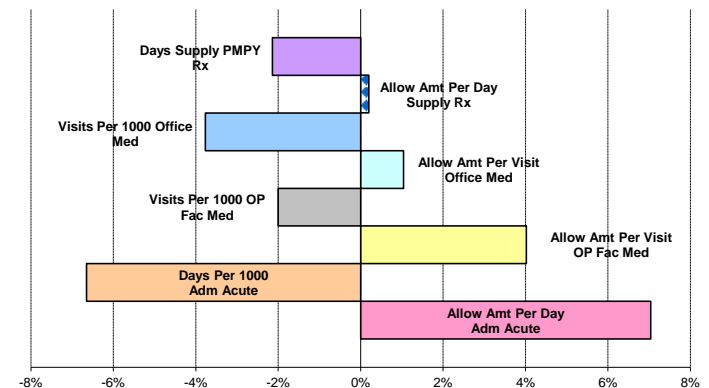


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

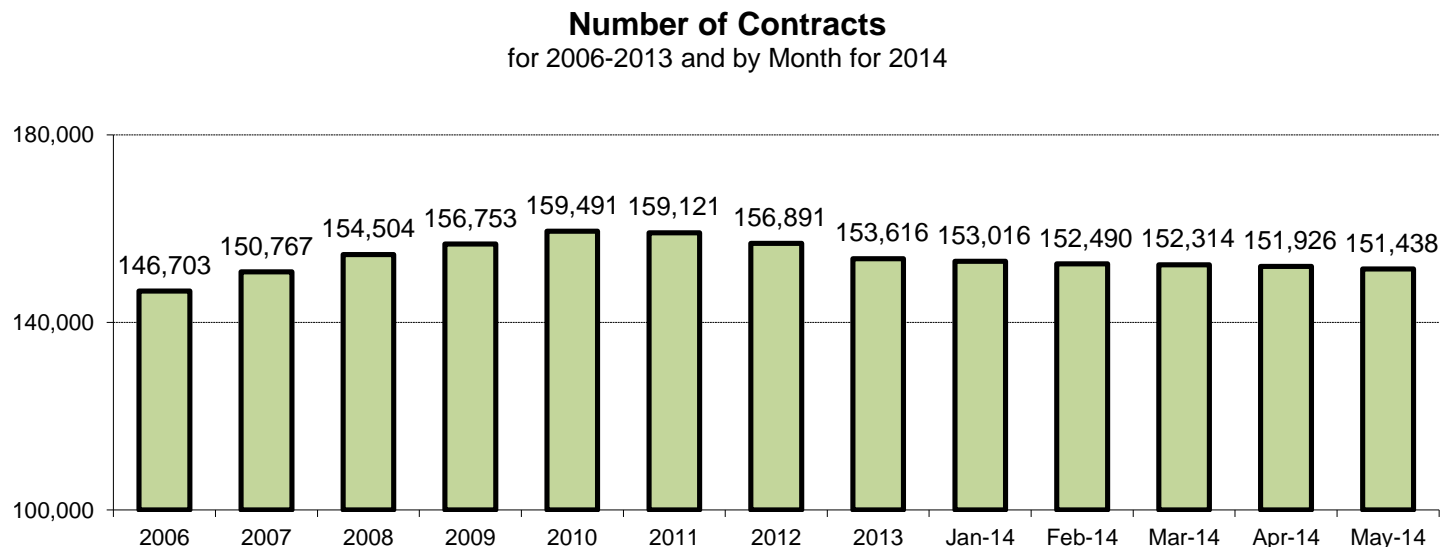
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2012 Medstat processed enrollment information for a total of 270,404 members as well as 8,891,904 claims (3,894,285 Medical claims and 4,997,619 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

Definitions

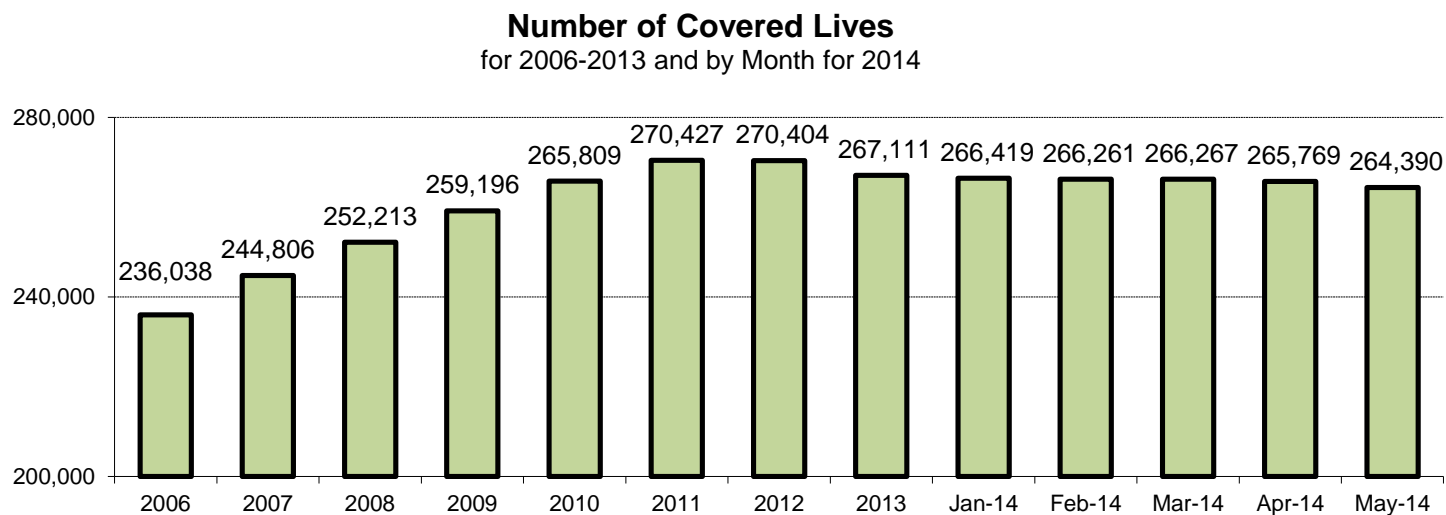
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Standard PPO, Capitol Choice, Optimum PPO, Maximum Choice, Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, or Commonwealth Select.
- **Carrier** is claims listed by carrier. (Please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following chart shows planholder enrollment (contracts) for 2006-2013 and monthly year-to-date for 2014. Enrollment will fluctuate on a monthly basis (Approximately 8,000 cross-referenced spouses in any given month are not included)

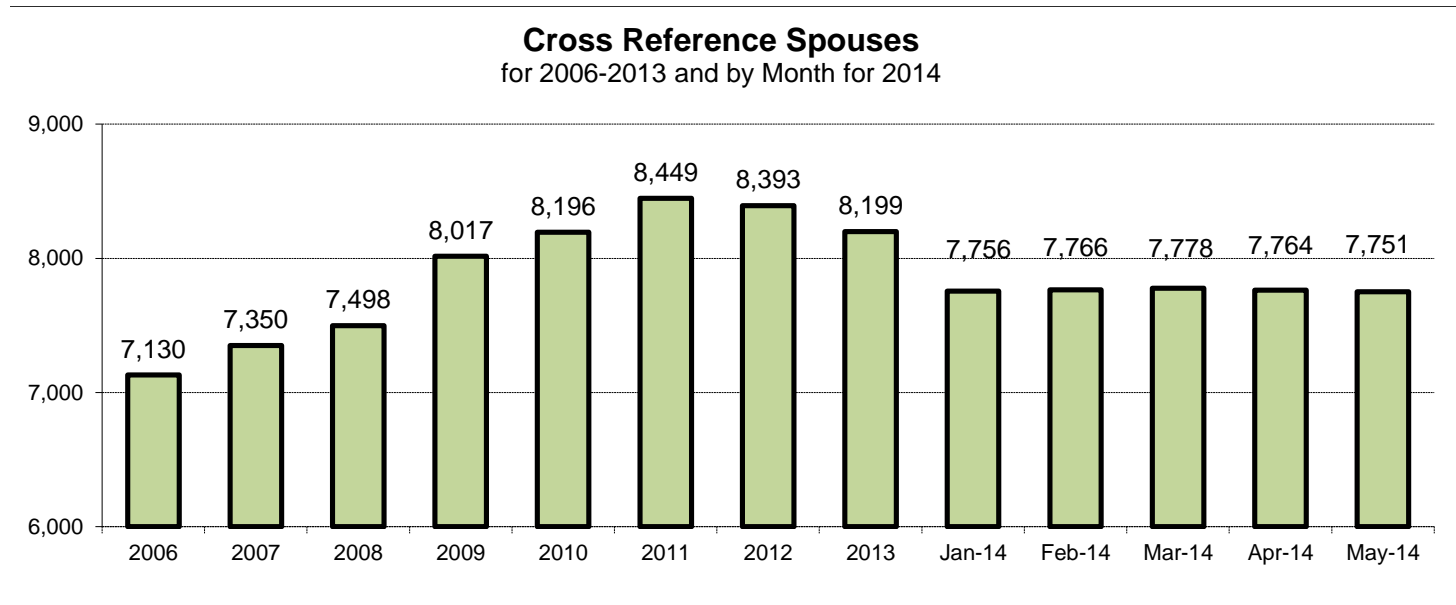


The following chart shows member enrollment (covered lives) for 2006-2013 and monthly year-to-date for 2014. Enrollment will fluctuate on a monthly basis.



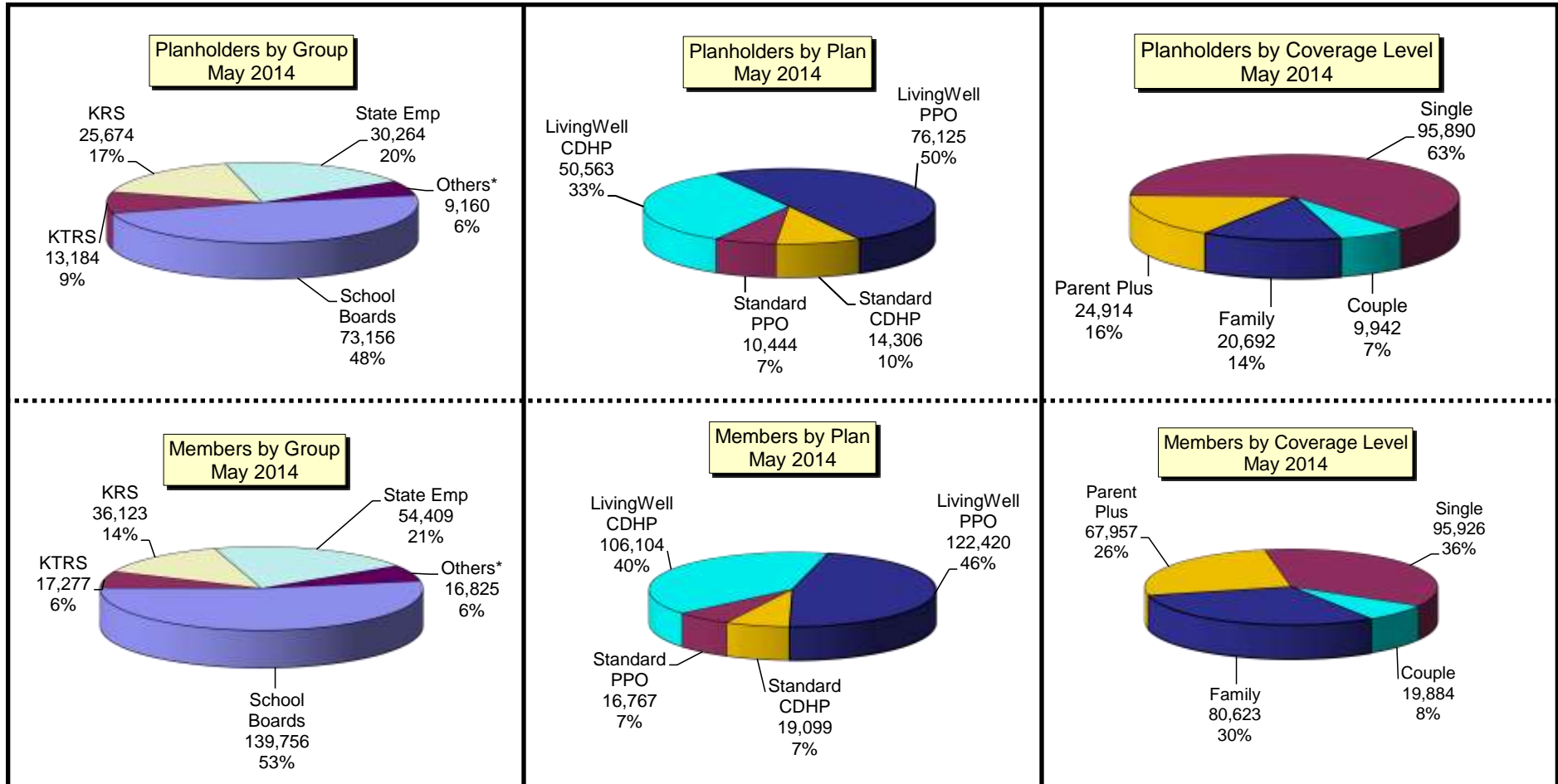
Enrollment *(continued)*

The following graph shows the number of cross-reference spouses for 2006-2013 and monthly year-to-date for 2014. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



Enrollment *(continued)*

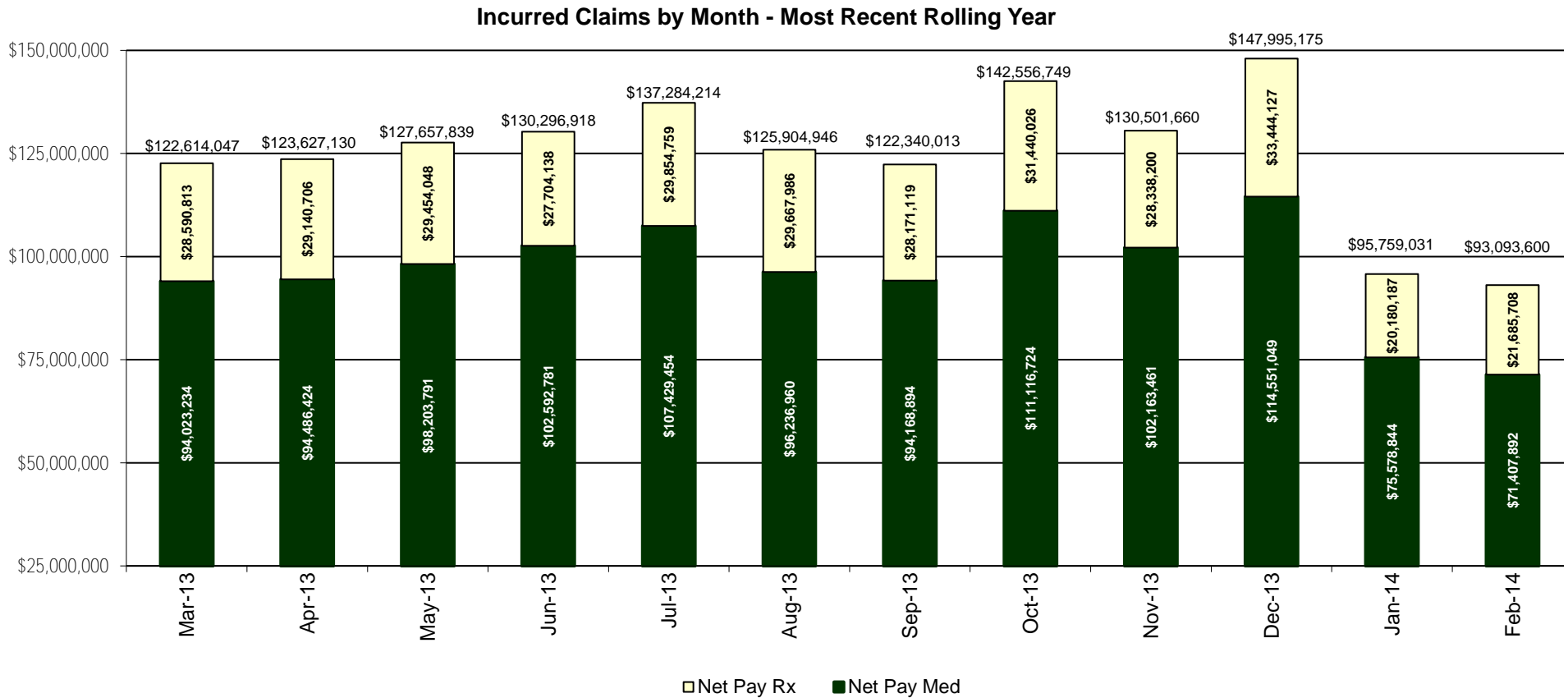
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2006 - 2013 and monthly year-to-date for 2014.

INCURRED MEDICAL CLAIMS (no Rx) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2006	\$307,404,829	\$93,874,833	\$147,000,881	\$151,118,572	\$48,943,683	\$748,342,797
2007	\$335,233,747	\$96,138,953	\$156,119,263	\$147,816,830	\$50,969,860	\$786,278,653
2008	\$402,843,851	\$109,319,917	\$194,688,095	\$178,641,561	\$64,333,716	\$949,827,140
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,251,898	\$134,399,726	\$218,395,487	\$193,151,301	\$79,182,411	\$1,092,380,824
2011	\$475,939,979	\$137,632,074	\$239,407,280	\$200,932,917	\$80,536,373	\$1,134,448,624
2012	\$508,260,288	\$138,264,971	\$243,386,024	\$206,995,757	\$90,396,070	\$1,187,303,110
2013	\$522,736,108	\$134,241,690	\$232,220,642	\$213,228,746	\$95,385,006	\$1,197,812,193
Jan 2014	\$31,076,817	\$8,241,340	\$16,292,496	\$13,932,574	\$6,035,617	\$75,578,844
Feb 2014	\$28,886,911	\$7,899,420	\$14,999,581	\$13,328,000	\$6,293,980	\$71,407,892

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2006 - 2013 and monthly year-to-date for 2014.

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2006	\$92,676,509	\$35,017,335	\$53,095,577	\$42,857,791	\$13,481,498	\$237,128,711
2007	\$102,883,195	\$37,889,011	\$61,585,393	\$46,102,562	\$15,361,507	\$263,821,668
2008	\$114,318,657	\$42,211,258	\$72,457,449	\$51,523,178	\$17,638,869	\$298,149,411
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,624,203	\$49,399,459	\$89,783,758	\$55,125,407	\$21,022,918	\$344,955,745
2011	\$126,659,101	\$48,675,489	\$92,082,668	\$54,232,323	\$20,434,256	\$342,083,837
2012	\$133,981,557	\$50,750,453	\$88,779,439	\$58,569,916	\$21,667,711	\$353,749,077
2013	\$140,288,240	\$50,974,740	\$78,483,186	\$60,350,873	\$22,760,368	\$352,857,408
Jan 2014	\$8,029,910	\$2,606,609	\$4,974,099	\$3,318,803	\$1,250,767	\$20,180,187
Feb 2014	\$8,727,984	\$2,692,974	\$5,129,994	\$3,607,367	\$1,527,390	\$21,685,708

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2006-2013 and monthly year-to-date for 2014.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$115,052,390	\$44,250,277	\$839,555,872	\$14,550,862					\$4,290,752	\$1,017,847,892
2010	\$120,801,466	\$56,099,090	\$893,370,461	\$15,244,745					\$6,865,062	\$1,092,380,824
2011	\$145,752,975	\$71,531,690	\$872,004,689	\$39,637,013					\$5,522,257	\$1,134,448,624
2012	\$159,420,569	\$75,680,710	\$888,542,851	\$53,637,925	\$0	(\$1,306)	(\$4,777)	\$0	\$10,027,138	\$1,187,305,122
2013	\$156,849,331	\$78,211,187	\$874,212,824	\$64,876,003	\$46,897	\$132,919	\$499,351	\$707,368	\$22,276,312	\$1,197,814,206
Jan-14	\$14,866	\$529	\$67,258	\$15,473	\$3,430,717	\$4,136,770	\$44,019,459	\$22,250,051	\$1,643,721	\$75,620,484
Feb-14	\$0	\$0	\$0	\$0	\$3,960,431	\$2,928,379	\$40,630,722	\$22,408,497	\$1,479,863	\$71,449,563

**Missing means the claims could not be tagged to a specific plan.*

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2006-2013 and monthly year-to-date for 2014.

INCURRED Rx CLAIMS (no Med) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$35,845,894	\$7,804,096	\$267,798,635	\$3,632,729					\$627,662	\$315,766,619
2010	\$37,400,953	\$10,541,054	\$292,411,029	\$3,839,193					\$763,517	\$344,955,745
2011	\$44,303,915	\$13,658,792	\$275,615,919	\$8,069,769					\$435,441	\$342,083,836
2012	\$47,435,900	\$14,365,499	\$280,627,965	\$10,763,703					\$556,010	\$353,749,077
2013	\$46,695,236	\$15,372,031	\$276,587,221	\$14,029,573	\$14	\$1,672	\$12,334	\$7,897	\$151,429	\$352,857,408
Jan-14	\$2,590	\$197	\$31,073	\$2,985	\$1,321,285	\$119,807	\$16,591,680	\$2,068,401	\$42,170	\$20,180,187
Feb-14	\$0	\$0	\$0	\$0	\$1,315,178	\$213,768	\$16,434,539	\$3,665,092	\$57,131	\$21,685,708

*Missing means the claims could not be tagged to a specific plan.

Claims Costs *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2006-2013 and monthly year-to-date for 2014.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2006	\$105,900,696	\$142,637,212	\$104,245,315	\$391,585,566	\$3,974,007	\$748,342,797
2007	\$123,989,294	\$160,349,021	\$118,430,067	\$447,682,122	\$3,721,482	\$854,171,987
2008	\$138,340,738	\$179,204,916	\$138,984,028	\$489,769,922	\$3,527,536	\$949,827,140
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,490,560	\$207,327,688	\$168,831,673	\$547,945,617	\$6,785,286	\$1,092,380,824
2012	\$160,063,611	\$247,203,126	\$194,478,893	\$575,644,911	\$9,912,568	\$1,187,303,110
2013	\$145,363,043	\$249,373,504	\$204,546,597	\$583,228,196	\$15,300,852	\$1,197,812,193
Jan 2014	\$9,196,966	\$14,862,830	\$12,767,352	\$37,462,932	\$1,288,765	\$75,578,844
Feb 2014	\$8,979,238	\$14,075,353	\$12,658,441	\$34,667,745	\$1,027,114	\$71,407,892

**Unable to tag claims to a specific coverage level*

Claims Costs *(continued)*

The following represents incurred RX claims only (does not include medical) by Coverage Level for 2006-2013 and monthly year-to-date for 2014.

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2006	\$38,228,159	\$43,809,856	\$25,948,520	\$128,164,514	\$977,662	\$237,128,711
2007	\$42,590,719	\$49,329,230	\$29,736,616	\$141,680,238	\$484,865	\$263,821,668
2008	\$48,563,951	\$54,628,661	\$34,879,637	\$159,504,290	\$572,873	\$298,149,411
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,195,759	\$64,920,207	\$41,129,813	\$180,993,674	\$716,292	\$344,955,745
2011	\$55,944,577	\$66,704,498	\$43,290,721	\$175,791,341	\$352,568	\$342,083,705
2012	\$54,760,963	\$70,977,682	\$47,930,366	\$179,707,967	\$372,099	\$353,749,077
2013	\$50,580,581	\$72,756,323	\$51,906,849	\$177,532,550	\$81,105	\$352,857,408
Jan-14	\$2,779,521	\$3,641,229	\$2,897,206	\$10,822,206	\$40,025	\$20,180,187
Feb-14	\$2,934,506	\$4,298,734	\$3,127,719	\$11,271,549	\$53,200	\$21,685,708

**Unable to tag claims to a specific coverage level*

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred for January—February 2014.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt Sgovt	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute Rcnt Sgovt	%Diff from Rcnt SGovt	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	58.50	66.56	-12.11%	3.96	5.06	-21.72%	231.79	271.19	-14.53%
LivingWell PPO	69.22	71.63	-3.36%	4.51	5.85	-22.95%	312.04	305.63	2.10%
Standard CDHP	46.73	68.66	-31.95%	5.40	6.00	-10.12%	252.14	284.81	-11.47%
Standard PPO	59.59	72.61	-17.92%	4.89	6.42	-23.82%	291.62	313.43	-6.96%
Average	62.67	69.45	-9.77%	4.38	5.60	-21.84%	274.37	290.88	-5.68%

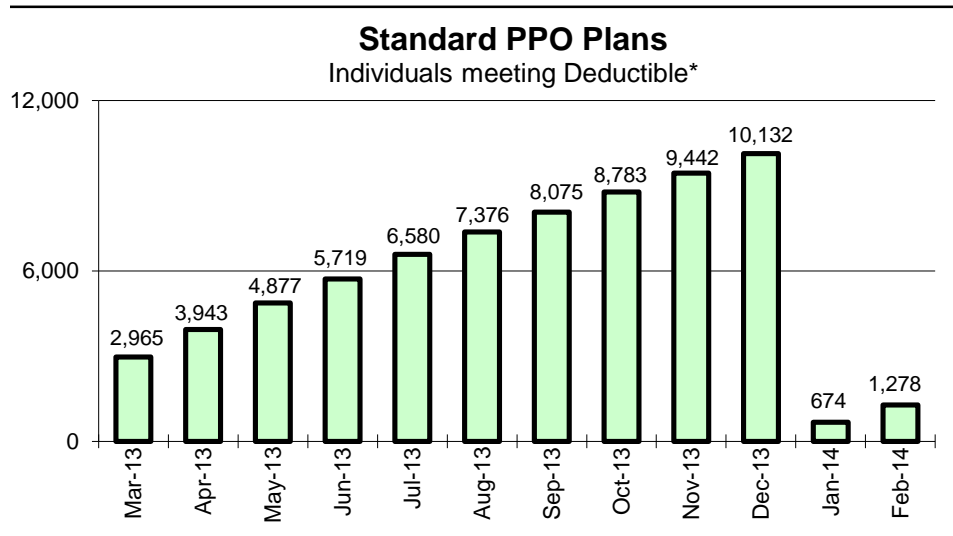
Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med Rcnt Sgovt	%Diff from Rcnt SGovt	Visits Per 1000 ER	Visits Per 1000 ER Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	6,370.48	6,926.63	-8.03%	167.63	245.71	-31.78%
LivingWell PPO	8,017.88	7,695.90	4.18%	214.47	244.61	-12.32%
Standard CDHP	3,820.58	7,244.84	-47.26%	170.82	244.08	-30.01%
Standard PPO	5,372.51	7,618.71	-29.48%	189.71	242.99	-21.93%
Average	6,881.90	7,351.46	-6.39%	191.01	244.90	-22.00%

Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	%Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	7,900.76	7,040.00	12.23%	1,955.58	1,900.53	2.90%
LivingWell PPO	11,659.03	8,173.91	42.64%	2,852.01	2,364.36	20.63%
Standard CDHP	5,872.26	7,911.84	-25.78%	1,521.01	2,156.13	-29.46%
Standard PPO	8,092.27	8,200.93	-1.32%	2,063.18	2,315.88	-10.91%
Average	9,506.47	7,705.11	23.38%	2,346.19	2,161.29	8.56%

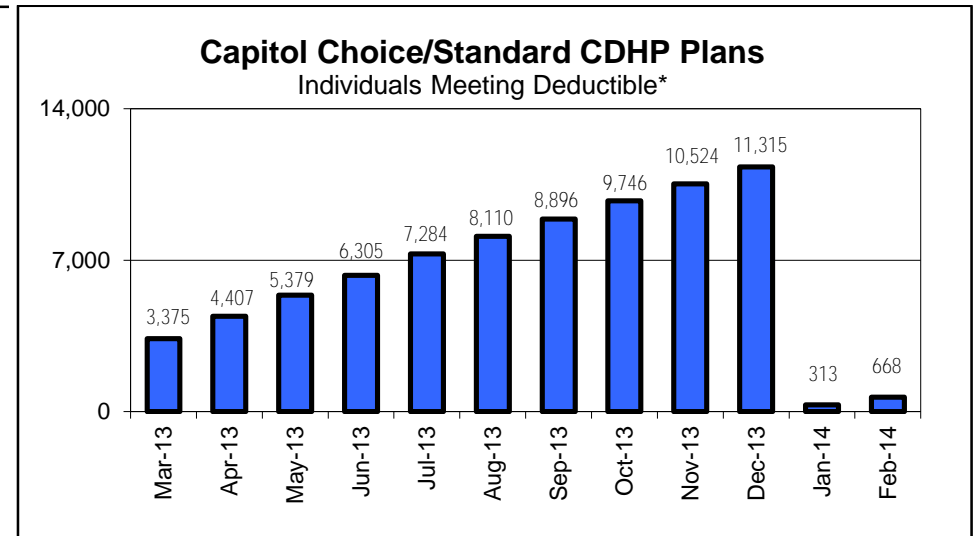
*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

Analysis of Individuals and Families Meeting Their Deductibles

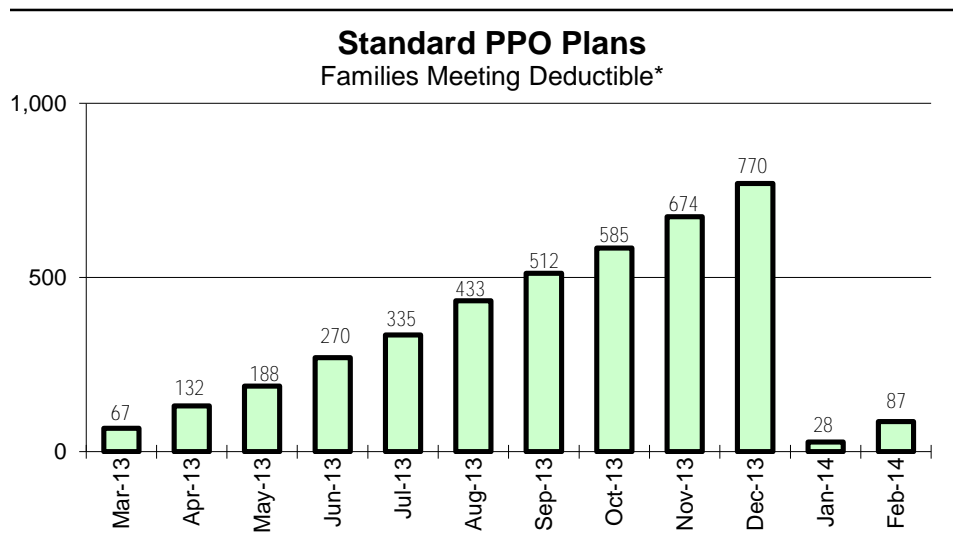
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



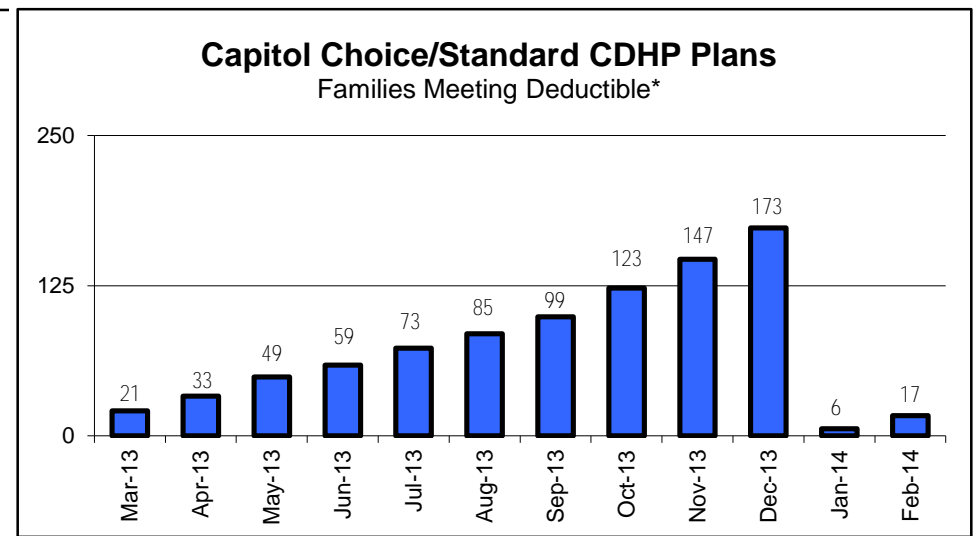
* 2012 Individual Deductible is \$500; 2013 Individual Deductible is \$600



* 2012 Individual Deductible is \$600; 2013 Individual Deductible is \$615



* 2012 Family Deductible is \$1,500; 2013 Family Deductible is \$1,800



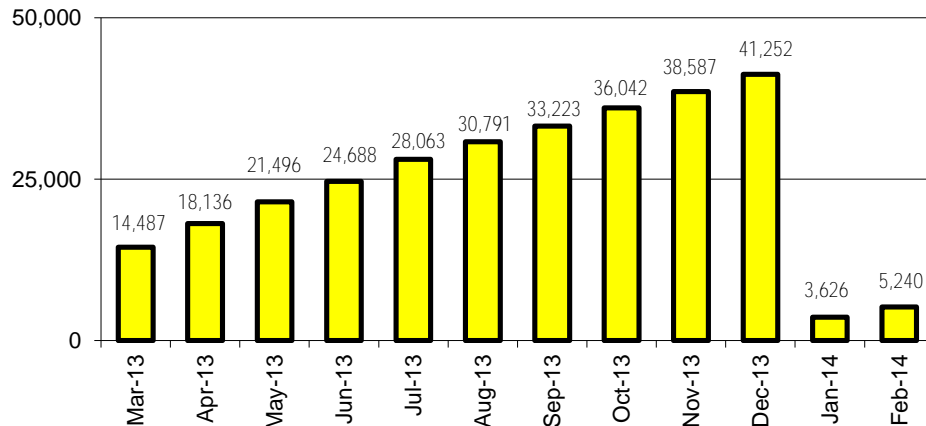
* 2012 Family Deductible is \$1,800; 2013 Family Deductible is \$1,850

Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.

Optimum PPO/LivingWell PPO Plans

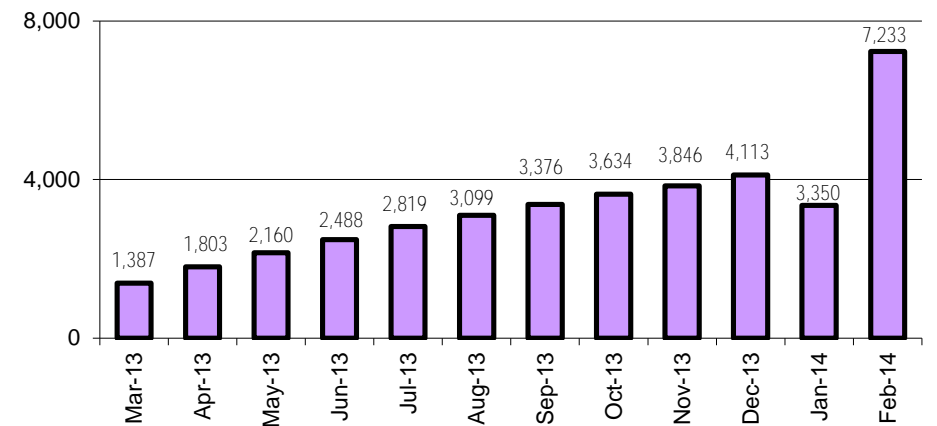
Individuals Meeting Deductible*



* 2012 Individual Deductible is \$355; 2013 Individual Deductible is \$370

Maximum Choice/LivingWell CDHP Plans

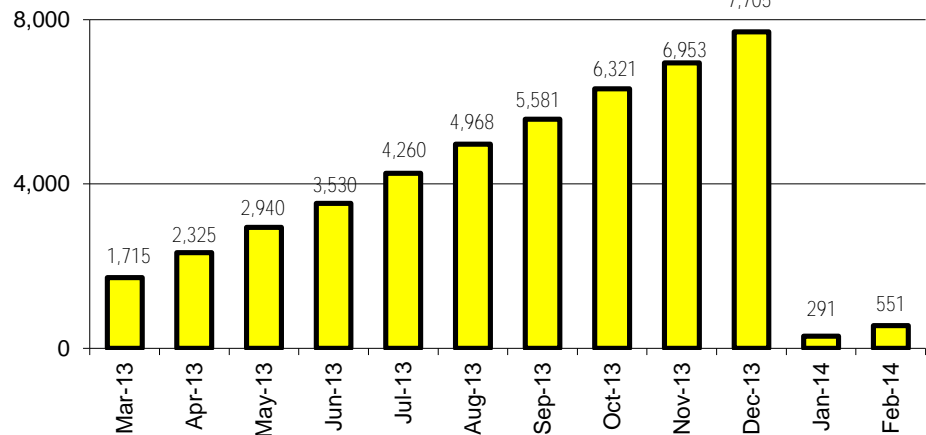
Individuals Meeting Deductible*



* 2012 Individual Deductible is \$2,325; 2013 Individual Deductible is \$2,450

Optimum PPO/LivingWell PPO Plans

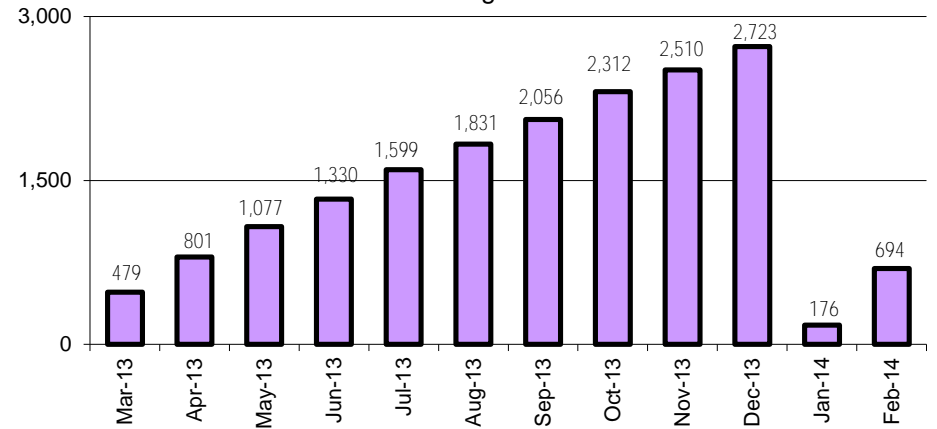
Families Meeting Deductible*



* 2012 Family Deductible is \$720; 2013 Family Deductible is \$740

Maximum Choice/LivingWell CDHP Plans

Families Meeting Deductible*



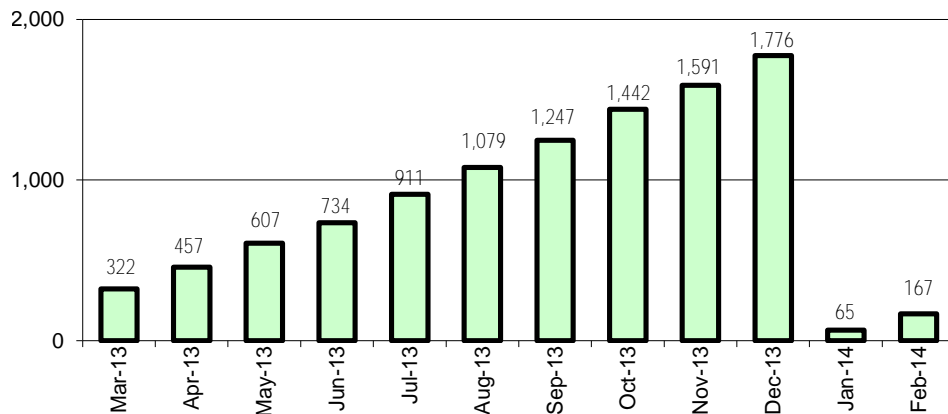
* 2012 Family Deductible is \$3,530; 2013 Family Deductible is \$3,650

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.

Standard PPO Plans Individuals

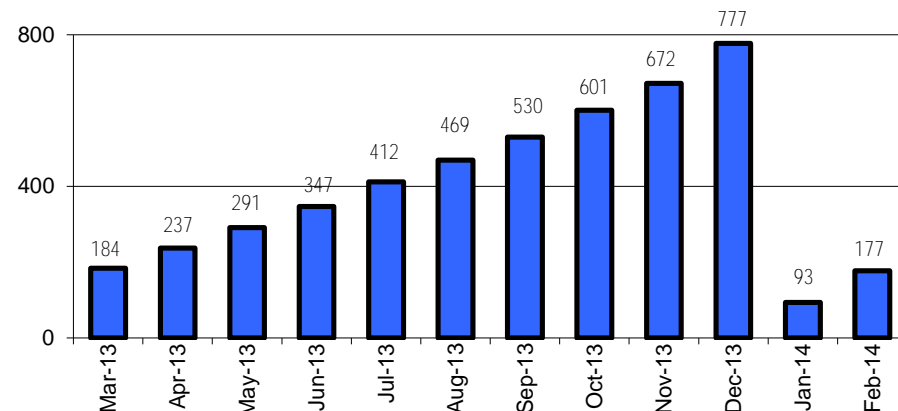
Meeting Maximum Out of Pocket*



* 2012 Individual Maximum Out of Pocket is \$3,500; 2013 Individual Maximum Out of Pocket is \$3,000

Capitol Choice/Standard CDHP Plans Individuals

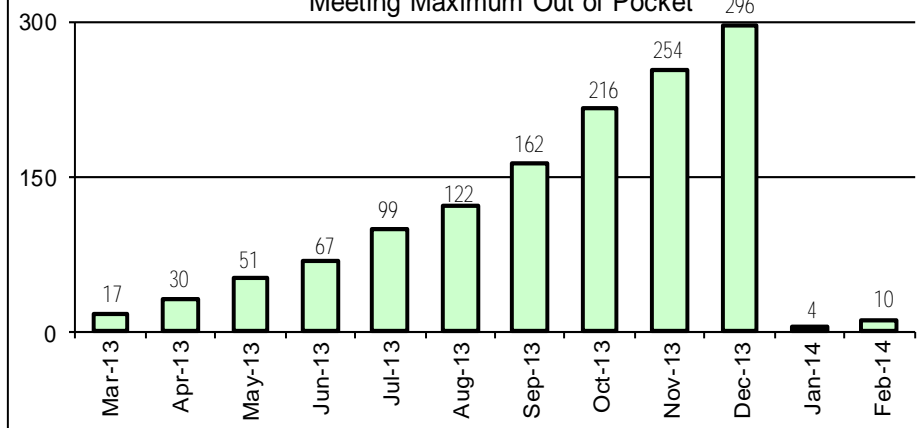
Meeting Maximum Out of Pocket*



* 2012 Individual Maximum Out of Pocket is \$2,400; 2013 Individual Maximum Out of Pocket is \$2,470

Standard PPO Plans Families

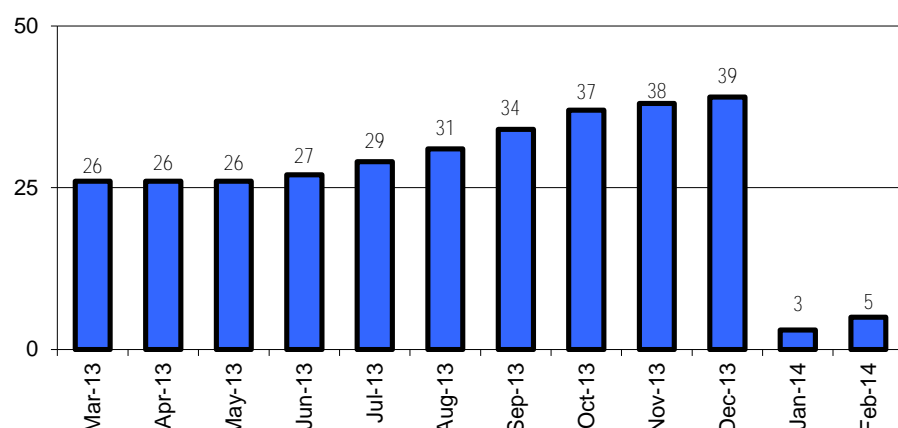
Meeting Maximum Out of Pocket*



* 2012 Family Maximum Out of Pocket is \$7,000; 2013 Maximum Out of Pocket is \$6,000

Capitol Choice/Standard CDHP Plans Families

Meeting Maximum Out of Pocket*

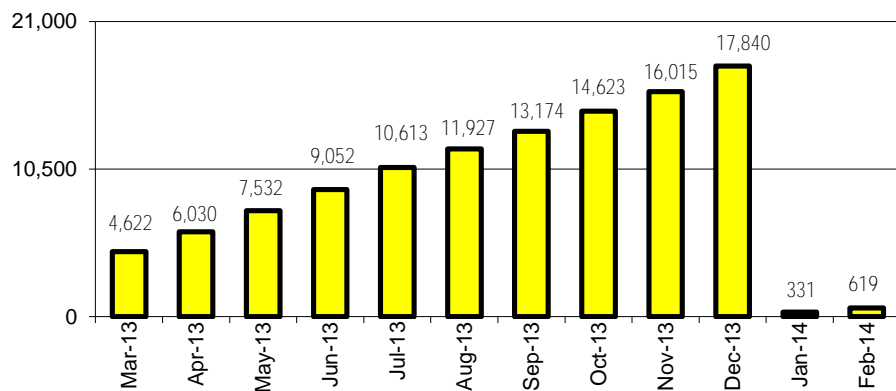


* 2012 Family Maximum Out of Pocket is \$7,000; 2013 Family Maximum Out of Pocket is \$7,400

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

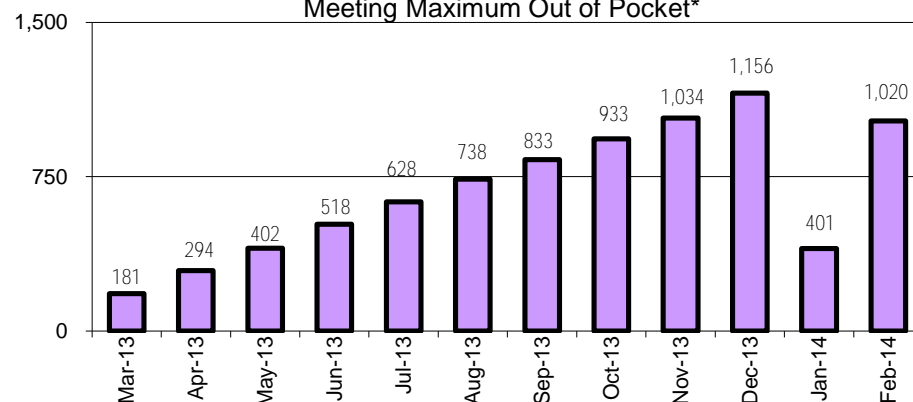
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.

Optimum PPO/LivingWell PPO Plans Individuals
Meeting Maximum Out of Pocket*



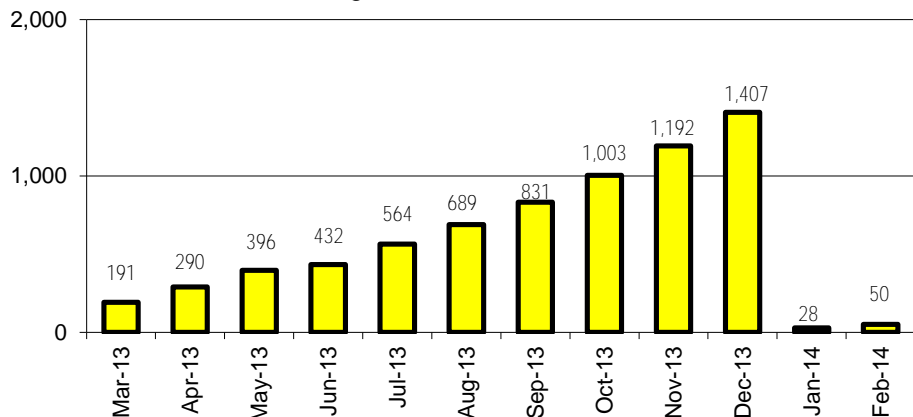
* 2012 Individual Maximum Out of Pocket is \$1,350; 2013 Maximum Out of Pocket is \$1,390

Maximum Choice/LivingWell CDHP Plans Individuals
Meeting Maximum Out of Pocket*



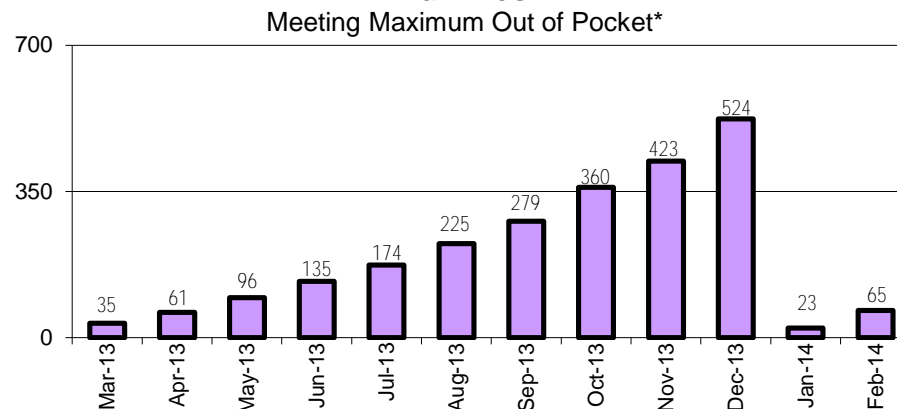
* 2012 Individual Maximum Out of Pocket is \$3,550; 2013 Individual Max Out of Pocket is \$3,700

Optimum PPO/LivingWell PPO Plans Families
Meeting Maximum Out of Pocket*



* 2012 Family Maximum Out of Pocket is \$2,700; 2013 Family Maximum Out of Pocket is \$2,780

Maximum Choice/LivingWell CDHP Plans Families
Meeting Maximum Out of Pocket*



* 2012 Family Maximum Out of Pocket is \$5,280; 2013 Family Maximum Out of Pocket is \$5,400

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket (MOOP) expense for the years 2006-2014. This report is based on incurred claims.

Individuals and Families in Essential (2006-08) and CW Standard PPO (2009-13) and Standard PPO (2014 -)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Essential	\$750	22.14%	\$3,500	2.96%	\$1,500	16.35%	\$7,000	1.08%
2007	Essential	\$750	22.41%	\$3,500	3.30%	\$1,500	17.70%	\$7,000	1.16%
2008	Essential	\$750	24.25%	\$3,500	4.01%	\$1,500	19.35%	\$7,000	1.51%
2009	Standard PPO	\$750	32.06%	\$3,500	5.85%	\$1,500	8.74%	\$7,000	1.14%
2010	Standard PPO	\$500	38.12%	\$3,500	4.81%	\$1,500	3.61%	\$7,000	0.73%
2011	Standard PPO	\$500	39.40%	\$3,500	4.55%	\$1,500	3.99%	\$7,000	0.56%
2012	Standard PPO	\$500	40.49%	\$3,500	4.80%	\$1,500	4.98%	\$7,000	0.77%
2013	Standard PPO	\$600	36.60%	\$3,000	6.42%	\$1,800	4.21%	\$6,000	1.62%
2014	Standard PPO	\$750	7.51%	\$3,500	0.98%	\$1,500	0.81%	\$7,000	0.09%

Individuals and Families in Enhanced (2006-08) and Capitol Choice (2009-13) and Standard CDHP (2014 -)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Enhanced	\$250	21.52%	\$1,250	5.80%	\$500	9.95%	\$2,500	0.94%
2007	Enhanced	\$250	21.31%	\$1,250	7.48%	\$500	8.93%	\$2,500	1.00%
2008	Enhanced	\$250	21.95%	\$1,250	8.11%	\$500	9.06%	\$2,500	1.20%
2009	Capitol Choice	\$500	27.85%	\$2,000	1.86%	\$1,500	0.59%	\$6,000	0.01%
2010	Capitol Choice	\$500	25.19%	\$2,000	1.84%	\$1,500	0.49%	\$6,000	0.01%
2011	Capitol Choice	\$575	24.93%	\$2,300	1.61%	\$1,725	0.45%	\$6,900	0.01%
2012	Capitol Choice	\$600	25.70%	\$2,400	1.46%	\$1,800	0.55%	\$7,000	0.01%
2013	Capitol Choice	\$615	25.16%	\$2,470	1.73%	\$1,850	0.51%	\$7,400	0.11%
2014	Standard CDHP	\$1,750	3.38%	\$3,500	1.16%	\$3,500	0.11%	\$7,000	0.03%

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2006-2014. This report is based on incurred claims.

Individuals and Families in Premier (2006-08) and Optimum PPO (2009-13) and LivingWell PPO (2014 -)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Premier	\$250	30.15%	\$1,000	6.70%	\$500	9.95%	\$2,000	1.17%
2007	Premier	\$250	30.04%	\$1,000	7.78%	\$500	8.93%	\$2,000	1.20%
2008	Premier	\$250	30.51%	\$1,000	8.60%	\$500	9.06%	\$2,000	1.26%
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%
2011	Optimum PPO	\$345	25.16%	\$1,295	9.99%	\$690	7.31%	\$2,590	1.36%
2012	Optimum PPO	\$355	24.87%	\$1,350	9.93%	\$720	5.51%	\$2,700	1.38%
2013	Optimum PPO	\$370	24.83%	\$1,390	10.74%	\$740	7.55%	\$2,780	1.38%
2014	LivingWell PPO	\$500	4.24%	\$2,500	0.50%	\$1,000	0.71%	\$3,000	0.06%

Individuals and Families in Select (2007-08) and Maximum Choice (2009-13) and LivingWell CDHP (2014 -)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2007	Select	\$2,000	11.72%	\$3,000	3.01%	\$3,000	18.50%	\$4,500	2.61%
2008	Select	\$2,000	12.81%	\$3,000	3.63%	\$3,000	20.03%	\$4,500	3.91%
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.14%
2011	Maximum Choice	\$2,300	14.60%	\$3,455	4.53%	\$3,455	18.28%	\$5,185	4.37%
2012	Maximum Choice	\$2,325	14.71%	\$3,550	4.16%	\$3,530	18.82%	\$5,280	3.99%
2013	Maximum Choice	\$2,450	14.54%	\$3,700	4.09%	\$3,650	19.17%	\$5,400	3.69%
2014	LivingWell CDHP	\$1,250	6.83%	\$2,500	0.96%	\$2,500	1.37%	\$5,000	0.13%

Premium (or Premium Equivalent)

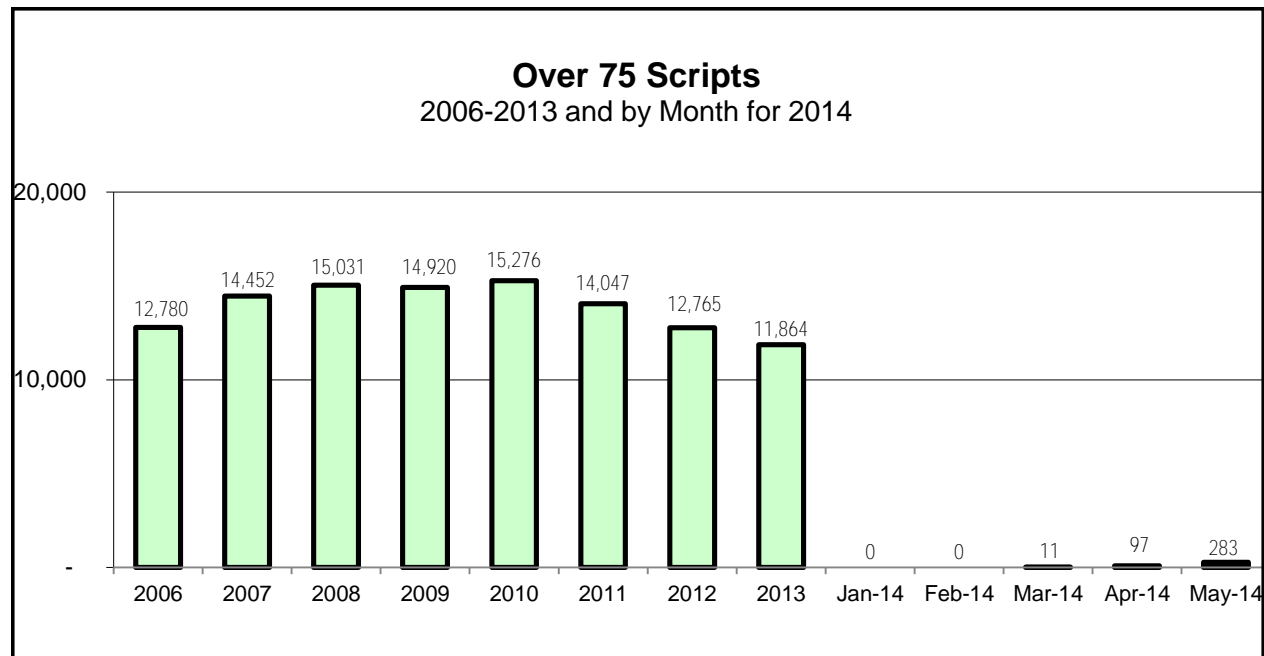
The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2006-2013 and monthly through 2014.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,530,819	\$973,220,791	\$1,140,751,611
2008	\$179,094,322	\$1,039,574,462	\$1,218,668,784
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
2012	\$271,663,955	\$1,332,767,157	\$1,604,431,112
2013	\$271,156,377	\$1,329,854,915	\$1,601,011,292
Jan-14	\$22,376,004	\$113,923,845	\$136,299,849
Feb-14	\$22,375,131	\$113,632,543	\$136,007,674
Mar-14	\$22,344,015	\$113,537,770	\$135,881,785
Apr-14	\$22,297,687	\$113,281,606	\$135,579,293
May-14	\$22,232,090	\$112,951,921	\$135,184,011

**Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2006-2013 and by month for 2014. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$30 for 2nd tier and \$44 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2014:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	70,548	1,017,420	10.29	\$75.41	\$76,728,033.75
Over 75	283	25,361	38.43	\$86.54	\$2,194,841.66
Total	70,831	1,042,781	10.48	\$75.68	\$78,922,875.41

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period: Paid Month	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Jun 2013	285,057	15,789	54,929	8,016	363,791	78.36%	94.75%
Jul 2013	340,069	18,042	65,775	10,138	434,024	78.35%	94.96%
Aug 2013	274,980	14,617	51,707	8,674	349,978	78.57%	94.95%
Sep 2013	283,778	16,857	52,075	8,344	361,054	78.60%	94.39%
Oct 2013	359,694	30,013	66,303	12,295	468,305	76.81%	92.30%
Nov 2013	297,604	19,707	54,012	9,294	380,617	78.19%	93.79%
Dec 2013	374,144	20,660	68,154	12,264	475,222	78.73%	94.77%
Jan 2014	273,713	15,392	44,118	8,933	342,156	80.00%	94.68%
Feb 2014	278,313	13,166	40,914	9,381	341,774	81.43%	95.48%
Mar 2014	287,366	13,526	42,020	11,136	354,048	81.17%	95.50%
Apr 2014	352,848	16,590	51,959	12,845	434,242	81.26%	95.51%
May 2014	273,641	12,874	39,427	9,757	335,699	81.51%	95.51%

**Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Mar 2013	267,302	168,255	411,233	1.53	2.92	\$85.08	\$69.52	\$23.93	\$38.02
Apr 2013	267,292	165,159	396,696	1.48	2.91	\$88.65	\$73.46	\$22.55	\$36.49
May 2013	267,117	164,152	401,505	1.50	2.95	\$88.19	\$73.36	\$22.29	\$36.26
Jun 2013	266,521	159,701	367,201	1.37	2.83	\$90.13	\$75.45	\$20.23	\$33.76
Jul 2013	265,629	165,027	391,531	1.47	2.96	\$90.64	\$76.25	\$21.21	\$34.13
Aug 2013	264,947	164,225	390,705	1.47	2.91	\$90.13	\$75.93	\$20.93	\$33.76
Sep 2013	263,037	163,142	385,622	1.46	2.86	\$86.69	\$73.05	\$19.98	\$32.21
Oct 2013	265,526	181,874	419,424	1.57	2.86	\$88.31	\$74.96	\$21.08	\$30.77
Nov 2013	265,687	166,603	391,807	1.47	2.87	\$86.24	\$72.33	\$20.34	\$32.44
Dec 2013	265,605	167,064	436,611	1.64	3.10	\$90.54	\$76.60	\$22.74	\$36.16
Jan 2014	265,466	159,028	375,289	1.41	2.85	\$78.96	\$53.77	\$35.48	\$59.23
Feb 2014	265,323	153,089	348,852	1.31	2.74	\$84.19	\$62.16	\$28.84	\$49.98

***Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred January—February 2014.

Prev Rank	Curr Rank	Product Name	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as Pct of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	NEXIUM	Single source brand	Gastrointestinal Drugs	\$1,472,695.66	3.52%	5,918	\$6.02	4,295
2	2	HUMIRA	Single source brand	Immunosuppressants	\$1,441,814.91	3.44%	420	\$88.89	290
3	3	ENBREL	Single source brand	Immunosuppressants	\$1,118,330.00	2.67%	342	\$89.62	245
4	4	CRESTOR	Single source brand	Cardiovascular Agents	\$1,024,176.71	2.45%	6,888	\$3.60	4,814
5	5	HUMALOG	Multisource brand, no generic	Hormones & Synthetic Subst	\$856,805.02	2.05%	1,904	\$10.96	1,535
6	6	ABILIFY	Single source brand	Central Nervous System	\$708,040.93	1.69%	947	\$19.83	703
8	7	DULOXETINE	Single source generic	Central Nervous System	\$626,005.88	1.50%	3,610	\$5.10	2,385
7	8	COPAXONE	Single source brand	Misc Therapeutic Agents	\$614,889.39	1.47%	89	\$164.32	65
14	9	STELARA	Single source brand	Immunosuppressants	\$591,652.75	1.41%	47	\$385.69	46
11	10	SOVALDI	Single source brand	Anti-Infective Agents	\$556,807.22	1.33%	20	\$864.61	15
9	11	LANTUS SOLOSTAR	Single source brand	Hormones & Synthetic Subst	\$546,610.21	1.31%	1,626	\$8.14	1,269
10	12	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$463,834.99	1.11%	1,726	\$6.37	1,259
15	13	GILENYA	Single source brand	Misc Therapeutic Agents	\$439,961.74	1.05%	60	\$167.16	42
12	14	ANDROGEL	Multisource brand, no generic	Hormones & Synthetic Subst	\$431,325.85	1.03%	1,005	\$11.87	821
13	15	TECFIDERA	Single source brand	Misc Therapeutic Agents	\$429,575.28	1.03%	73	\$160.17	46
-	16	DULOXETINE HYDRO-CHLORIDE	Single source generic	Central Nervous System	\$358,157.64	0.86%	1,442	\$5.26	1,062
19	17	GLEEVEC	Single source brand	Antineoplastic Agents	\$352,679.75	0.84%	27	\$261.24	21
17	18	CELEBREX	Single source brand	Central Nervous System	\$332,680.13	0.79%	1,592	\$5.13	1,186
20	19	LYRICA	Single source brand	Central Nervous System	\$303,011.35	0.72%	1,268	\$7.01	840
25	20	REBIF	Single source brand	Misc Therapeutic Agents	\$302,367.28	0.72%	44	\$163.62	31
18	21	LEVEMIR FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$301,270.78	0.72%	736	\$9.58	590
22	22	ZETIA	Multisource brand, generic	Cardiovascular Agents	\$284,303.11	0.68%	1,822	\$3.57	1,334
21	23	SYMBICORT	Single source brand	Hormones & Synthetic Subst	\$275,191.67	0.66%	1,405	\$4.89	1,312
23	24	LANTUS	Single source brand	Hormones & Synthetic Subst	\$269,000.76	0.64%	773	\$9.00	578
24	25	ONE TOUCH ULTRA	Other/unavailable	Diagnostic Agents	\$254,213.33	0.61%	2,778	\$2.23	2,507

*"Product Name" includes all strengths/formulations of a drug

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 5.69% of total scripts and 37.67% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$15,772,137	41,217	1,586,363
All Product Names	\$41,865,896	724,141	23,294,228
Top Drugs as Pct of All Drugs	37.67%	5.69%	6.81%

Utilization

The top 25 clinical conditions based on incurred claims for January–February 2014.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$9,467,507	\$45,739	\$9,392,506	0.00	0.00	642.26	0.56	33,316	\$284.17
2	2	Signs/Symptoms/Oth Cond, NEC	\$8,358,246	\$1,851,520	\$6,224,562	1.85	12.15	482.54	11.33	26,405	\$316.54
3	3	Osteoarthritis	\$6,519,092	\$4,383,869	\$2,117,113	3.29	2.79	181.98	0.61	6,026	\$1,081.83
4	4	Chemotherapy Encounters	\$5,753,810	\$855,299	\$4,898,511	0.50	6.32	0.77	0.00	244	\$23,581.19
6	5	Coronary Artery Disease	\$5,470,562	\$3,490,426	\$1,976,254	2.28	4.09	34.87	3.09	1,758	\$3,111.81
5	6	Respiratory Disord, NEC	\$5,276,106	\$2,254,810	\$3,017,952	0.63	5.71	72.54	12.86	5,496	\$959.99
7	7	Gastroint Disord, NEC	\$4,768,195	\$1,259,812	\$3,496,412	1.49	4.76	125.59	18.22	7,077	\$673.76
8	8	Pregnancy w Vaginal Delivery	\$3,937,110	\$3,923,204	\$13,906	6.44	2.47	0.45	0.45	502	\$7,842.85
12	9	Condition Rel to Tx - Med/Surg	\$3,386,464	\$2,318,812	\$1,061,103	2.00	4.38	8.13	1.80	717	\$4,723.10
9	10	Newborns, w/w/o Complication	\$3,342,645	\$3,207,882	\$134,763	9.46	3.17	4.08	0.11	578	\$5,783.12
10	11	Renal Function Failure	\$3,033,948	\$431,738	\$2,574,795	0.59	5.00	15.03	0.83	1,001	\$3,030.92
11	12	Spinal/Back Disord, Low Back	\$3,024,832	\$972,537	\$2,052,116	0.54	3.04	434.76	4.75	9,132	\$331.23
13	13	Arthropathies/Joint Disord NEC	\$2,976,243	\$330,912	\$2,628,225	0.20	3.78	388.29	4.19	11,615	\$256.24
16	14	Infections, NEC	\$2,724,284	\$2,427,188	\$297,011	0.07	3.67	70.78	2.93	3,803	\$716.35
14	15	Cancer - Breast	\$2,600,055	\$96,138	\$2,492,733	0.18	3.00	27.10	0.05	1,016	\$2,559.11
15	16	Cardiac Arrhythmias	\$2,209,577	\$1,266,949	\$940,196	0.99	3.95	34.08	2.12	1,685	\$1,311.32
17	17	Cholecystitis/Cholelithiasis	\$1,980,713	\$762,016	\$1,218,697	0.83	2.95	4.55	1.55	386	\$5,131.38
18	18	Urinary Tract Calculus	\$1,852,179	\$137,167	\$1,715,012	0.43	2.79	15.63	4.57	817	\$2,267.05
20	19	Cardiovasc Disord, NEC	\$1,849,831	\$384,540	\$1,461,946	0.52	4.70	41.74	8.52	2,866	\$645.44
24	20	Spinal/Back Disord, Ex Low	\$1,774,922	\$406,927	\$1,367,882	0.23	7.20	413.63	2.21	7,769	\$228.46
-	21	Pregnancy w Compl or Abortion	\$1,740,344	\$537,808	\$1,202,080	1.04	3.30	73.82	5.23	2,436	\$714.43
25	22	Diabetes	\$1,729,226	\$508,149	\$1,216,426	1.15	4.22	188.67	1.87	8,734	\$197.99
21	23	Cerebrovascular Disease	\$1,585,693	\$1,098,416	\$473,313	1.26	5.07	9.51	1.51	630	\$2,516.97
-	24	Fracture/Disloc - Upper Extrem	\$1,574,457	\$148,478	\$1,423,840	0.14	3.67	57.40	6.13	1,461	\$1,077.66
-	25	Pneumonia, Bacterial	\$1,538,225	\$1,340,122	\$189,441	2.77	6.71	16.51	2.66	868	\$1,772.15

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 60.19% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$88,474,265	\$34,440,457	\$53,586,795	38.86	4.14	3,344.72	98.15
All Clinical Conditions	\$146,986,735	\$52,906,377	\$93,223,241	67.45	4.33	7,044.29	196.98
Top Clinical Conditions as Pct of All Clinical Conditions	60.19%	65.10%	57.48%	57.62%	95.64%	47.48%	49.83%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred January–February 2014.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
LivingWell CDHP	428,501	16.5	86.03%	95.16%	98.21%
LivingWell PPO	696,591	19.1	79.06%	94.75%	98.32%
Standard CDHP	57,044	19.4	81.88%	94.74%	98.07%
Standard PPO	66,951	20.7	77.15%	94.04%	98.07%
~Missing	10,662	28.1	69.96%	87.71%	94.58%
All Plans	1,282,695	18.7	80.99%	94.67%	98.19%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Mar 2013	\$2,535,530.70	\$1,624,936.82	\$705,350.13	\$99,654.50	\$481,775.16	-\$30,495.14
Apr 2013	\$6,661,399.58	\$3,692,926.53	\$1,531,384.85	\$534,113.40	\$500,705.82	\$177,814.27
May 2013	\$46,061,334.59	\$9,253,643.26	\$2,894,596.71	\$1,607,951.22	\$840,803.36	\$362,304.64
Jun 2013	\$59,631,810.31	\$51,340,902.59	\$11,977,599.99	\$3,801,897.25	\$1,453,341.45	\$1,104,601.92
Jul 2013	\$0.00	\$67,544,195.90	\$53,369,897.36	\$9,624,605.76	\$3,829,006.71	\$1,377,995.04
Aug 2013	\$0.00	\$0.00	\$64,692,545.46	\$45,081,934.60	\$10,378,822.39	\$2,501,849.41
Sep 2013	\$0.00	\$0.00	\$0.00	\$51,206,399.25	\$54,185,907.47	\$9,376,751.71
Oct 2013	\$0.00	\$0.00	\$0.00	\$0.00	\$72,506,843.20	\$48,269,775.72
Nov 2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$65,527,997.27
Dec 2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Jan 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Feb 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
Mar 2013	\$214,198.57	\$103,652.89	\$2,195.82	\$16,065.31	(\$38,449.05)	(\$54,666.20)
Apr 2013	\$148,214.74	\$94,657.18	(\$87,201.97)	\$31,875.84	\$92,088.34	(\$450,967.98)
May 2013	\$181,056.92	\$603,893.68	(\$83,425.30)	\$139,886.32	\$97,367.31	(\$25,880.22)
Jun 2013	\$442,116.77	\$251,015.68	\$171,729.04	\$125,552.99	(\$2,406.96)	(\$1,242.68)
Jul 2013	\$595,974.21	\$754,581.44	\$142,619.30	(\$67,030.91)	\$142,180.39	(\$29,811.61)
Aug 2013	\$1,355,141.75	\$1,482,333.01	\$127,578.02	\$213,104.37	\$60,049.07	\$11,588.15
Sep 2013	\$3,078,946.78	\$1,984,229.92	\$1,866,979.33	\$545,858.93	\$89,972.14	\$4,967.55
Oct 2013	\$11,680,370.65	\$5,986,683.78	\$2,841,539.18	\$802,145.84	\$326,727.73	\$142,663.39
Nov 2013	\$44,937,083.45	\$14,049,226.94	\$2,907,409.74	\$1,919,143.02	\$941,757.47	\$213,970.72
Dec 2013	\$76,282,722.74	\$54,745,919.58	\$8,015,968.78	\$4,189,231.06	\$2,253,529.31	\$2,507,804.02
Jan 2014	\$0.00	\$42,128,314.79	\$34,796,820.20	\$11,663,326.40	\$5,188,550.40	\$1,982,019.33
Feb 2014	\$0.00	\$0.00	\$41,258,637.52	\$39,168,769.01	\$9,891,230.94	\$2,774,962.38

Claims Distribution Based on Age/Gender

The following is based on claims incurred January–February 2014.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,271	\$2,154,830.95	\$1,696.05	1,335	\$4,637,026.87	\$3,474.73
Ages 1-4	5,474	\$996,437.67	\$182.05	5,786	\$1,242,738.51	\$214.80
Ages 5-9	7,845	\$1,381,259.70	\$176.08	8,068	\$1,222,408.70	\$151.51
Ages 10-14	8,623	\$1,456,564.05	\$168.93	9,094	\$1,912,917.14	\$210.36
Ages 15-17	5,579	\$1,535,009.70	\$275.14	5,907	\$1,621,530.14	\$274.51
Ages 18-19	3,775	\$1,089,376.26	\$288.58	3,889	\$749,229.51	\$192.65
Ages 20-24	9,268	\$3,665,053.17	\$395.45	8,518	\$2,191,818.26	\$257.33
Ages 25-29	8,483	\$5,067,418.24	\$597.36	4,689	\$1,307,240.89	\$278.79
Ages 30-34	10,177	\$5,659,206.81	\$556.08	5,511	\$2,209,162.94	\$400.86
Ages 35-39	10,868	\$6,112,503.91	\$562.46	6,092	\$2,572,503.23	\$422.28
Ages 40-44	13,147	\$8,524,461.86	\$648.42	7,342	\$4,762,787.41	\$648.75
Ages 45-49	13,854	\$10,727,600.59	\$774.36	8,224	\$6,098,327.98	\$741.53
Ages 50-54	16,187	\$13,782,786.33	\$851.47	9,468	\$9,793,302.96	\$1,034.36
Ages 55-59	19,093	\$21,300,318.15	\$1,115.64	11,280	\$13,491,021.99	\$1,196.07
Ages 60-64	20,266	\$24,539,758.96	\$1,210.91	12,745	\$18,904,459.19	\$1,483.28
Ages 65-74	2,452	\$3,241,570.10	\$1,322.28	1,736	\$3,248,308.83	\$1,871.68
Ages 75-84	131	\$489,364.62	\$3,749.92	153	\$259,178.30	\$1,699.53
Ages 85+	13	\$177,557.05	\$14,204.56	6	\$131,687.81	\$21,947.97

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2006—2013 and year to date for 2014.

Allowed Amount	2006	2007	2008	2009	2010	2011	2012	2013	2014
less than 0.00	9	16	27	22	42	63	74	5,729	0
\$0.00 - \$499.99	54,058	53,891	53,571	53,160	57,392	58,044	60,323	62,026	122,632
\$500.00 - \$999.99	32,931	33,830	34,248	34,982	34,386	36,012	36,447	37,439	28,331
\$1,000.00 - \$1,999.99	40,360	42,464	42,360	43,452	42,988	44,147	44,300	43,999	17,694
\$2,000.00 - \$4,999.99	54,430	56,819	58,612	59,566	60,341	60,339	60,132	58,056	12,034
\$5,000.00 - \$9,999.99	30,373	32,271	34,487	35,696	36,028	36,375	36,011	34,684	4,506
\$10,000.00 - \$14,999.99	10,608	11,983	13,272	14,198	14,874	15,009	15,277	14,888	1,686
\$15,000.00 - \$19,999.99	4,726	5,470	6,332	6,849	7,184	7,339	7,654	7,650	902
\$20,000.00 - \$29,999.99	4,284	5,050	5,930	6,475	6,960	7,131	7,110	7,352	750
\$30,000.00 - \$49,999.99	2,844	3,268	3,820	4,451	4,935	5,155	5,312	5,436	555
\$50,000.00 - \$74,999.99	1,090	1,306	1,492	1,773	2,022	2,256	2,395	2,526	249
\$75,000.00 - \$99,999.99	465	536	589	688	829	839	911	1,013	97
\$100,000.00 - \$149,999.99	354	406	499	545	651	707	790	811	59
\$150,000.00 - \$199,999.99	117	160	194	203	225	274	299	355	29
\$200,000.00 - \$249,999.99	60	81	83	116	117	118	136	144	9
over \$249,999.99	99	127	152	166	196	259	268	290	20
Total	236,808	247,678	255,668	262,342	269,170	274,067	277,439	282,398	189,553

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Mar 2013	267,302	\$122,614,046.96	\$94,023,234.38	\$28,590,812.58	748,284	321,346	411,233
Apr 2013	267,292	\$123,627,129.61	\$94,486,423.85	\$29,140,705.76	736,200	323,285	396,696
May 2013	267,117	\$127,657,839.20	\$98,203,791.02	\$29,454,048.18	733,198	315,417	401,505
Jun 2013	266,521	\$130,296,918.35	\$102,592,780.67	\$27,704,137.68	687,282	303,523	367,201
Jul 2013	265,629	\$137,284,213.59	\$107,429,454.31	\$29,854,759.28	748,974	339,860	391,531
Aug 2013	264,947	\$125,904,946.23	\$96,236,959.81	\$29,667,986.42	724,773	316,904	390,705
Sep 2013	263,037	\$122,340,013.08	\$94,168,893.79	\$28,171,119.29	705,039	302,783	385,622
Nov 2013	265,687	\$130,501,660.17	\$102,163,460.52	\$28,338,199.65	722,391	313,946	391,807
Oct 2013	265,526	\$142,556,749.49	\$111,116,723.56	\$31,440,025.93	797,531	360,050	419,424
Dec 2013	265,605	\$147,995,175.49	\$114,551,048.84	\$33,444,126.65	779,470	325,397	436,611
Jan 2014	265,466	\$95,759,031.12	\$75,578,843.69	\$20,180,187.43	684,442	287,733	375,289
Feb 2014	265,323	\$93,093,599.85	\$71,407,891.51	\$21,685,708.34	626,472	261,469	348,852

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Mar 2012 - Feb 2013	269,880	\$1,540,609,865	\$1,186,632,116	\$353,977,749
Mar 2013 - Feb 2014	266,749	\$1,504,140,861	\$1,166,388,236	\$337,752,625
% Change (Roll Yrs)	-1.20%	-2.40%	-1.70%	-4.60%